U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E GANDA			
1 File Number U - 8991	2 Fiscal Year Covered From		
	7/7/2004 Through [2/31/2004		
3 Name and address of person filing	4 Name, file number, and address of labor organization		
Name Lawrence W BownAN	Name TEAMISTERS LOCAL # 445		
	Labor Organization File Number 027-5/4		
P O Box, Bldg , Room No , if any PO. BOX 2097	PO Box, Building and Room Number, if any PO BOX 2097		
Street	Street		
City NEWBURGH	City NEWBURGH		
State NEW YORK ZIP Code +4 12550	State NEW YORK ZIP Code + 4 12550		
5 Position in labor organization			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income		
Name			
Trade Name if any			
P O Box Bldg Room No , if any	7 b Amount		
Street			
City			
State ZIP Code + 4	/ \		
Sigr	nature		
15 Signature and verification The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete (See the se	ring documents), has been examined by the signatory and is, to the best of the		
Signed Lawrence W Rowman	On 8-8-05 845-564-5297 Date Telephone Number		

Name of Person Filing LAWRENCE W BOWMA	N	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any) Name Trade Name, ir any TEAMSTERS LOCAL # 445 PO Box Bidg, Room No if any PO BOX 2097 Street City NEWBURGH State NEW FORK ZIP Code +4 [2550]	9 Business deals with a Labor Organizati b Trust c Employer	ion		
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg Room No , if any	11 a Nature of such dealing ENUCATIONAL CONFEDENCE FOR EURO TRUSTEES / INTERNATIONAL FOUNDATION EMPLOYEE BENEFIT DLAN 1/10/04 - 1/15/04		ice - TRAINING From of ANS	
Street	11 b Approximate dollar value	of such dealing		
State ZIP Code + 4	12 a Nature of interest held REIMBURS LUDGING		Pull food	
	12 b Amount \$ 1603	3 80	A STATE OF THE PROPERTY OF THE STATE OF THE	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment	- contract the first properties about the first	to the second the terminal and the second to	
Name Trade Name, if any PO Box, Bldg Room No, if any Street				
~			i	

14 b Amount of payment

or Consultant

13 b Is the Business an Employer

State

1	1
---	---

Name of Person Filing

7	AWRENCE	W-	BOWMAN

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)	9 Business deals with			
Trade Name, if any TEAMSTERS LOCAL # 445 PO Box Bldg Room No , if any PO BOX 2097 Street City NEWBURGH State NEW YORK ZIP Code + 4 [2550]	a Labor Organization b Trust c Employer			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name TEAMSTERS LOCAL 445 WELFARE FUND Trade Name, if any	EDUCATION AL CONference / SECAL ADVISORS FUR FUND TRUSTEES 4/24/04 - 4/30/04			
PO Box, Bldg Room No , if any PO SOY 2572	4124/04 - 4/50/04			
Street	11 b Approximate dollar value of such dealing			
CITY NEWBURGH	12 a Nature of interest held or income received			
State New YORK ZIP Code + 4 (2550)	REIMBURSE EXPENSES for LOUD LUCIUL 1 TRANS. PORTATION CHECK - 2100 00 CHECK - 412 69 2512 69			
	C) (C 6 (
	12 b Amount \$ 2512.69			
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name				
Trade Name if any				
P O Box, Bldg , Room No , if any				
Street 1				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			

7

Name of Person Filing LAWRENCE W BOWMAN		File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any) Name Trade Name, if any TEAMSTERS LOCAL # 445 PO Box, Bldg, Room No, if any PO BOX 2097 Street City NCWBURGH State NCW YORK ZIP Code + 4 12550	9 Business deals with X a Labor Organiza b Trust c Employei	tion		
10 If 9 b or 9 c is checked give trust or employer's name Name TEAMSTERS LOCAL YY WELFARE fund Trade Name, if any PO Box, Bidg, Room No if any CO BOX 2572	DR LUND T / INTERNATI EMPLOYER	ng L CONFERENCE TOUSTEES TOUGHTON OF E BENEFIT PLANS 4 -12/6/04		
Street	11 b Approximate dollar valu	ne of such dealing		
State NEW YORK ZIP Code + 4 12 CCD		d or income received E EVENNES for food A TRANSPORTATION LECK \$2100.00		
	12 b Amount 2	00.00		
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment	and comments to consider the first the the the the the the the first the the the the the the the the the th		
(including trade name if any) Name Trade Name if any P O Box, Bidg Room No , if any Street City State ZIP Code + 4	14 b Amount of payment			
13 b Is the Business an Employer or Consultant?		1		